



Mental Illness and HIV Risk

A mental illness is defined as a medical condition that results in the disruption of one's thinking, mood, ability to relate to others, and daily function. The World Health Organization (WHO) reports that four of the ten leading causes of disability in the United States are mental illnesses (NAMI, 2007a). Among those with severe mental illness HIV, infection rates are elevated compared to the general population. Studies have found HIV infection ranging from 5.2% to 22.9%, as compared to 0.3% to 0.4% among the general population (Rosenberg et al., 2001).

The National Alliance on Mental Illness (NAMI) has identified priority populations as those persons of all ages who have severe and persistent mental illness, including:

- schizophrenia,
- schizoaffective disorder,
- bipolar disorder,
- major depressive disorder,
- obsessive-compulsive disorder,
- panic and other severe anxiety disorders,
- borderline personality disorder,
- post traumatic stress disorder (PTSD),
- autism and pervasive developmental disorders
- attention deficit/hyperactivity disorder, and
- other severe and persistent long term mental illnesses that affect the brain with seriously disabling consequences or a high risk of mortality (NAMI, 2007a).

NAMI has identified persons living with a mental illness and HIV as a priority population. NAMI believes that those with mental illness should be encouraged to be tested for HIV and that those who test positive should receive the appropriate treatment for both their mental illness and HIV-related illnesses in the least restrictive setting that is safe for all concerned. NAMI also encourages that those with mental illness living in institutional settings be offered HIV testing (NAMI, 2007b).

Chronic mental illness is often associated with poor judgment, affective instability, and impulsiveness

It is approximated that people with severe mental illness represent 2.6% of the U.S. population

HIV infection rates are elevated among those with severe mental illness, being 5.2 to 22.9%; whereas, rates in the general U.S. adult population are 0.3 to 0.4%. (Rosenberg, Goodman, Osher, Swartz, Essock, Butterfield, Constantine, Wolford, Salyers, 2001)

Persons with mental illness are also more likely to be poor and live in close proximity to other disadvantaged groups at high risk for HIV infection, such as the homeless, those incarcerated, and impoverished ethnic minorities. (Sullivan et al., 1999)

(Sullivan et al, 1999). Without the appropriate treatment, mental illnesses can result in unnecessary disability, unemployment, or suicide as well as consequences that place them at risk for HIV infection. (NAMI, 2007b) Those with mental illness are also overrepresented as a group for other infections, such as hepatitis B virus (HBV) and hepatitis C virus (HCV). (Rosenberg et al., 2001)

In general, those with severe mental illness have increased rates of sexually transmitted diseases and are more likely to engage in high-risk behaviors, such as using injection drugs, having multiple sexual partners and high-risk partners, infrequent use of condoms, same-sex sexual activity, trading sex for money or drugs, and engaging in sex while using psychoactive substances (Rosenberg et al., 2001). Persons with mental illness are also more likely to be poor and live in close proximity to other disadvantaged groups at high risk for HIV infection, such as the homeless, those incarcerated, and impoverished ethnic minorities. (Sullivan et al., 1999)

This population lacks advocates for improved

mental health and HIV-related care. Both illnesses can result in stigmatization. Physical health providers are less inclined to provide quality mental health care for those with early symptoms of HIV infection or AIDS. Mental health providers may be reluctant to treat clients who are living with HIV/AIDS, due to concerns of confidentiality and the clients' mental competency. Furthermore, clients may lack the resources and materials needed to prevent HIV infection, such as access to condoms, the ability to afford antiretroviral medications out-of-pocket, and the lack of assistance from case managers. (Sullivan et al., 1999)

REFERENCES

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